

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 29408 FILING DATE

APPLICANT(S)

3-29-05 12-1-05 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2					1	
3					1	
4					1	
5			1		1	
6					1	
7			1		1	
8			1		1	
9					1	
10					1	
11					1	
12					1	
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49						
50						
TOTAL IND.			3		3	
TOTAL DEP.			9		14	
TOTAL CLAIMS			12		17	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						